

***IN THE UNITED STATES PATENT AND TRADEMARK OFFICE***

Applicant: Davis, Lawrence G.  
Nikolaus, Carol J.

Title: HERMETICALLY SEALED  
COSMETIC COMPACT  
CASE

Patent No.: 5,842,486

Issue Date: 12/01/1998

Serial No.: 09/469,494

Examiner: Paul J. Hirsch

Art Unit: 3732

Attorney Docket: 76565-115



<b>CERTIFICATE OF MAILING</b>	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on the date below.	
<i>Deborah Kocorowski</i> (Printed Name)	
<i>Deborah Kocorowski</i> (Signature)	
February 27, 2001 (Date of Deposit)	

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Commissioner for Patents  
Washington, D.C. 20231

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**AMENDMENT TRANSMITTAL**

Transmitted herewith is a Reply and Amendment for the above-identified application.

- Reply and Amendment;
- Reissue Application Supplemental Declaration and Executed Declaration and Power of Attorney (5 pgs.);
- Supplemental Information Disclosure Statement (1 pg.);
- Form PTO-1449 (2 pgs.) and references (30);

[ X ] The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	32	—	38	= 12 x \$18.00 =	\$0.00
Independents:	3	—	5	= 0 x \$80.00 =	\$0.00
First presentation of any Multiple Dependent Claims:				+ \$270.00 =	\$0.00
				CLAIMS FEE TOTAL: =	\$216.00

[ ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[ ] Extension for response filed within the first month:	\$110.00	\$0.00
[ ] Extension for response filed within the second month:	\$390.00	\$0.00
[ ] Extension for response filed within the third month:	\$890.00	\$0.00
[ ] Extension for response filed within the fourth month:	\$1,390.00	\$0.00
[ ] Extension for response filed within the fifth month:	\$1,890.00	\$0.00
EXTENSION FEE TOTAL:		\$0.00
CLAIMS AND EXTENSION FEE TOTAL:		\$0.00
[ ] Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:		\$0.00

- [ ] Please charge Deposit Account No. 06-1447 in the amount of \$216.00 . A duplicate copy of this transmittal is enclosed.
- [ ] A check in the amount of \$216.00 is enclosed.
- [ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 2-27-2001

By Christopher Turoski

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